

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**  
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.  
DC5193PCT1

In Re Application Of:

CHORVATH et al.

**AP20 Rec'd PCT/PTO 05 JUN 2006**

Application No.

Filing Date

Examiner

Customer No.

Group Art Unit

Confirmation No.

**107581758**

00137

Title: Fluoroplastic Silicone Vulcanizates

Address to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**37 CFR 1.97(b)**

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

**37 CFR 1.97(c)**

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

**OR**

☐ the fee set forth in 37 CFR 1.17(p).

<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))				Docket No. DC5193PCT1	
In Re Application: CHORVATH et. al					
Application No. <b>10/581758</b>	Filing Date	Examiner	Customer No. 00137	Group Art Unit	Confirmation No.
Title: Fluoroplastic Silicone Vulcanizates					

**Payment of Fee**

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☐ The Director is hereby authorized to charge and credit Deposit Account No. 04-1520 as described below.
- ☐ Charge the amount of \_\_\_\_\_ \$
- ☐ Credit any overpayment.
- ☐ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

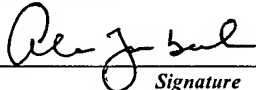
**Certificate of Transmission by Facsimile\***

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. _____)
_____ (Date)
Signature
_____ Typed or Printed Name of Person Signing Certificate

**Certificate of Mailing by First Class Mail**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a) _____]
_____ (Date)
Signature of Person Mailing Correspondence Christine M. Fitak
_____ Typed or Printed Name of Person Mailing Certificate

**\*This certificate may only be used if paying by deposit account.**

  
Signature

Alan Zombeck  
45,260  
989-496-3101  
Patent Agent  
Mail Number C01232  
P.O. Box 994  
2200 W. Salzburg Road  
Midland, MI 48686-0994  
UNITED STATES OF AMERICA

Dated: June 5, 2006

CustomerNumber 00137

cc:

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

*(Use as many sheets as necessary)*

Sheet	1	of	2
-------	---	----	---

**Complete if Known**

Application Number	107581758
--------------------	-----------

Filing Date

First Named Inventor	CHORVATH
----------------------	----------

**Art Unit**

Examiner Name

Attorney Docket Number	DC5193 PCT1
------------------------	-------------

[illegible][illegible]

**Examiner  
Signature**

Date  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

***If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.***

Approved for use through 06/30/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/581758
				Filing Date	
				First Named Inventor	CHORVATH
				Art Unit	
				Examiner Name	
				Attorney Docket Number	DC5193 PCT1
Sheet	2	of	2		

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*